



# Greenwich Police

## Department

### Dark House Checklist

**Home Vacant From:** \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Homeowner: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Out of Town Cell: \_\_\_\_\_

Alarm Company: \_\_\_\_\_

Gate Code (if any): \_\_\_\_\_

K-9(S) Present? Yes \_\_\_\_\_ No \_\_\_\_\_

Keyholder # 1

Keyholder #2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Will the house be checked on? Yes(Times) \_\_\_\_\_ No \_\_\_\_\_

Lights on Timers? Yes(Specify) \_\_\_\_\_ No \_\_\_\_\_

**\*For Police Department use only\***

**\*Inform caller we cannot guarantee that extra checks will be made\***

Date Placed on Sgt. Board \_\_\_\_\_ (Place in post car after 4 days)

Date Placed in Post Car \_\_\_\_\_ Date entered in CAD \_\_\_\_\_

\*Please fax completed form to (203) 622-8095\*  
or email completed form to: pdispatch@greenwichct.org